



STATE
OF
GEORGIA

Application for
RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISION

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1. Application Date 6-27-73	INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.	FOR RECORDS MANAGEMENT DIVISION USE:		
2. Agency Application No. DHR-DMH-2		Date Received JUL 11 1973	Application No. 73-465	Date Completed JUL 20 1973
3. AGENCY, Division, Subdivision & Administering Office Address Department of Human Resources Division of Mental Health 47 Trinity Avenue Atlanta, Georgia		4. Person to Contact Douglas M. Haire		
		5. Working Title Records Management Officer	6. Tel. No. 4976	

7. ACTION REQUESTED

☒ ESTABLISH DISPOSITION STANDARD;
RECORD WILL CONTINUE TO ACCUMULATE. ☐ DISPOSE OF PRESENT ACCUMULATION;
NO FURTHER ACCUMULATION ANTICIPATED.

8. Earliest & Latest Dates of Series 1969- to date	9. Exact Series Title Psychiatric Clinics Statistical Abstracts FILES
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10. What is the function of the office in which this record series is created?

The Division of Mental Health, headed by the Director, is responsible for administering, supervising, and regulating the programs of the State which involve the diagnosis and treatment of mental disorders. Included are:

1. diagnosis and treatment of drug problems (Drug Abuse Services Section)
2. diagnosis and treatment of problems involving alcohol (Alcohol Services Section)
3. The administration of mental institutions (Institution Section)
4. the diagnosis and treatment of developmental disorders (Developmental Services Section)
5. the diagnosis and treatment of mental disorder other than those involving alcohol, drugs, or developmental disorders (Mental Health Services Section)

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

Documents relating to the compilation of statistics on out patients in Mental Health clinics. Included is form MH 3.17 - Admission Data, form MH 3.18 - termination Data. Files arranged by clinic number and thereunder by case number.

ATTACH SAMPLES OF THE FILE

12. EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers	Cu. Ft. of Records
Letter-size File Drawers					4
Legal-size File Drawers			Floor Space Occupied (Square Feet)	In Office(s)	In Storage Area(s)
					3
7 transfer files		14 ft.		This Year's	Last Year's
			AVERAGE DAILY REFERENCES	Preceding Year's	All Prior Years
				0	0
				0	0
				0	0

QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain.

- | | YES | NO |
|---|-------------------------------------|-------------------------------------|
| 13. Is this the Record Copy of the series? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is there a duplication of this series in another office or agency? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. Is the information contained in this series ever summarized or published?
Attach copy of summary or publication. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Does the series contain classified information requiring security handling? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Does the series initiate, amend or terminate agency policies and procedures? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. Could the function be performed if the files were lost or destroyed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 19. Is the series (or major portion of it) regularly microfilmed? If yes, why? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20. Does the record series provide data as input to an EDP file? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 21. Does the record series contain documentation produced as EDP printout? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 22. Has the Federal Government issued instructions governing the retention/disposition of these files? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 23. Will there be a need for these records 10, 15 years from now? If yes, what? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

24. REQUIREMENTS. The following requires the files to be kept 1 years:

- a. ☐ STATE LAW b. ☐ STATUTE OF LIMITATION c. ☐ AUDIT PERIOD d. ☐ FEDERAL LAW e. ☒ ADMINISTRATIVE DECISION f. ☐ HISTORICAL VALUE
(Cite Law, Statute, or other reason for the retention requirement)

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each - ☒ CALENDAR YEAR - ☐ FISCAL YEAR - ☐ OTHER _____, then:

- ☐ Hold in the current files area _____ month(s)/ _____ year(s):
☐ Transfer to ☐ State Records Center ☐ Local Holding Area; hold _____ year(s):
☐ Destroy.
☐ Transfer to State Archives for permanent retention.
☐ Destroy immediately after cut-off.
☒ Other: (Specify)

Cut off at end of each calendar year. Upon completion of annual statistical report and publication of report destroy.

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>Douglas M. Davis</i>	6-27-73	<i>[Signature]</i>	7-5-73
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>William M. Dixon</i>	7-28-73
	State Auditor/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Carroll T. Hunt</i>	7-16-73
	Secretary of State/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>[Signature]</i>	7-20-73
	Attorney General/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		

STATE RECORDS
COMMITTEE